



Four Paws Inn Boarding Contract

Owner: _____ **Pet Name:** _____ **Date:** _____

Vaccine Policies

_____ I understand that in order for my pet to board at FPI, he/she must be up to date on Rabies, Distemper, and Bordetella (dogs only), this includes a complete puppy series. If I do not have updated vaccinations for my pet they will not be able to board at Four Paws Inn.

Flea Policy

_____ I understand that in the event that fleas or ticks are found on my pet, they will be administered a Capstar flea pill and a fee will be added to my final bill upon pick up.

Taking Your Pet Outside

_____ I understand that my dog will be taken outdoors daily within an enclosed area. It is important to note that dogs will be let off leash within the 6 foot fenced area. ALL reasonable precautions will be used to prevent escape and injury of the pet. Owners must indicate here if pet(s) are able to or have been known to jump a 6' fence: ___yes or ___no. If yes they will remain on leash outside.

Belongings

_____ I understand that all bedding necessary is provided by FPI and items from home are not recommended. I am aware that if I choose to; I can bring a limited number of items and understand that all items are subject to loss, destruction by pet, and eliminations. All soiled items will attempt to be laundered but may not be ready at the time of pickup or may be sent home dirty. *FPI uses bleach to sanitize laundry and personal items may become discolored.*

Permitted items include: 1 blanket or towel, 1 T-shirt, 1 bed, and/or up to 2 play toys.

Medical Treatment Authorization

During Regular Business Hours:

All medical concerns that arise during regular business hours pets will be taken to our sister location; Tenth Street Animal Hospital for care. These hours are Monday - Friday 7am - 6pm and Saturday 7am - 12pm.

_____ **Yes:** If a non urgent medical problem arises during your pets stay, we will contact the primary and emergency numbers listed on the account and discuss how to proceed with treatment. In the event of a life threatening emergency, we will immediately call as soon as your pet is in a stable condition to update you on your pet's condition and get permission for further treatment. If you are unreachable a decision will be made regarding appropriate treatment of your pet by the doctor caring for your pet. Payment to the hospital is expected on the departure date.

I understand that I am responsible for any bill(s) incurred by any veterinary care my pet may receive.

_____ **No:** I do **NOT** give Four Paws Inn permission to perform necessary medical treatment to my pet(s) while in the facility before I have been contacted. I understand that by choosing NO, I must be contacted prior to any treatment and this action may compromise the life and/or health of my pet. In the event of an emergency or life threatening situation, myself and or my alternate contact cannot be reached, I understand basic treatment to stabilize my pet WILL be performed until contact can be made regarding continued care.



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Urgent After Hour / Weekend Medical Issues

_____ I understand that outside of regular business hours the only medical facility open in town is the Pet Emergency Clinic of Pitt County. If an emergency or urgent matter occurs, to my pet, after normal business hours, I understand that I will be contacted by FPI to discuss options for treatment.

Emergency Contact: It is expected you provide an alternate emergency contact that can make decisions on behalf of your pet as well as be available to pick up and transport your pet to the Pet Emergency Clinic of Pitt County if an emergency arises.

Contact Name: _____ **Contact Phone Number:** _____

If an emergency situation arises and both you and your alternate are unable to be contacted a team member will contact a manager and can arrange to transport your pet on your behalf.

_____ **YES:** Provide emergency transport and care of my pet if you can't get a hold of myself or my alternate.

**I understand that there is a transport fee of \$85*

_____ **NO:** Do not provide any emergency transport of care if you can't get a hold of myself or my alternate. I understand by choosing this option this action may compromise the life and/or health of my pet.

_____ I understand that all charges incurred at the Pet Emergency Clinic of Pitt County are separate from our facility and must be paid in full at the time of service. FPI charges must be paid in full at the time of service.

Abandonment


_____ I am aware it is my responsibility to have my pet picked up at the time of scheduled discharge and will notify the team of any changes to the pick up date. If no contact is made regarding accommodations to pick up my pet for more than a 48 hour period, the abandonment process will begin. After all efforts to be contacted by the facility have failed for a period of SEVEN DAYS, Four Paws Inn will contact the local Animal Control Department and release the pet(s) to the state.

Billing

_____ I understand that boarding is billed per night and that payment is due at the time of check out. Bills scheduled to be greater than \$1,200 will require a 25% deposit at check in.

Barring negligence, Four Paws Inn cannot be held responsible for events that are outside of our control. This includes illness or injury that may occur while your pet is staying with us. I hereby release and waive Four Paws Inn and its team members from a liability associated with boarding my pets. I have read and understand all the policies of Four Paws Inn and agree to the above statements.

Signature: _____ **Date:** _____

 As always, Thank You for trusting us with your little loved ones! We take great pride in our care to make your family our family. - Four Paws Inn and Staff.